

QuickFund\$

FINAL EVALUATION REPORT: Arts Education Project

Annual Commission Grant period July 1 to June 30 – Final Report due no later than July 31st

Grantee Name: _____

Contact Name: _____ Address: _____

City: _____ State: _____ ZIP+4 _____ ☐ Check if this is a new address

Email: _____

Phone: _____ Fax: _____

Social Security Number or EIN Number (*required for payment*) _____

Grant Amount \$: _____ Grant Number: _____

1. Narrative evaluation of the grant (attach additional sheets as necessary)

- Compare the actual accomplishments of the project to those proposed in the application.
- Explain the impact of this grant to applicant/community/region and the challenges encountered.

2. Please submit copies of programs, publicity, and other printed materials. Please submit two photos for publication use. (attach photo credit form as needed)

3. Summarize below the actual project budget and identify the activities and expenses supported by the QuickFund\$ grant: (*receipts are not required*)

PROJECT EXPENSES	ICA Grant	Other Expenses	Total
Artist/Consultant Fee (hrs ____ x rate \$ ____)	\$	\$	\$
Artist/Consultant Planning Fee (hrs ____ x rate \$ ____)	\$	\$	\$
Visiting Artist Fee	\$	\$	\$
Organizational/Social Work (attach itemized list)	\$	\$	\$
Lodging	\$	\$	\$
Travel	\$	\$	\$
Supplies	\$	\$	\$
Documentation	\$	\$	\$
Equipment Rental/Lease	\$	\$	\$
Postage/Printing)	\$	\$	\$
Total Expenses	\$	\$	\$

Total in-kind contributions: \$ _____ (*required cash match ratio 1:1*)
(attach detail breakdown)

Application Certification: "I certify that I have complied with the QuickFund\$ guidelines, that I have met the requirements, and that all of the information contained in this report is true and correct to the best of my knowledge."

Signature of Grantee

Date

**FOR ICA
OFFICE
USE
ONLY**

Program Director Review _____

Agency Approval _____